



MEMBERSHIP CHECKLIST

APPLICANT'S NAME	CATEGORY NEW RETURNING LIFE
APPLICATION RECEIVED (DAY MONTH YEAR)	CLUB OFFICER (NAME/INIT)
NRA MEMBER (YES/NO)	CLUB OFFICER (NAME/INIT)
WORK HOURS (CURRENT/NEW/LIFE/EXEMPT)	CLUB OFFICER (NAME/INIT)
DUES AND FEES PAID (YES/NO)	CLUB OFFICER (NAME/INIT)
LIABILITY WAIVER (ON FILE/ATTACHED)	CLUB OFFICER (NAME/INIT)
ORIENTATION (DAY MONTH YEAR)	INSTRUCTOR (NAME/INIT)